PTO/SB/06 (12-04)
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RECORD							Application or Docket Number 10688988		Filing Date: 10/21/2003		To be Mailed		To be Mailed
	API		OTHER THAN										
FOR			(Colum NUMBER		(Column 2) NUMBER EXTRA		SMALL RATE (\$)	FEE (\$)	OR	SMAL RATE (\$)		L ENTITY FEE (\$)	
N BASIC FEE							┨						PEE (\$)
(37 CFR 1.16(a), (b), or (c))			N/A				┥╽	N/A	385		N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	A N/A		· ·	╛	N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A	'A N/A				N/A			N/A		
TOTAL CLAIMS (37 CFR 1,16(i))			13	13 minus 20 = • 0				X \$25 =	0	OR	X \$50 =	:	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			1	minus 3 =	• 0			X \$100 =	0		X \$200	=	
	PPLICATION SIZE 7 CFR 1.16(s))	FEE	If the specification and drawings exce 100 sheets of paper, the application s fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) an 37 CFR 1.16(s).					·					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							_	+ \$180	145		+\$36	0	
* If the difference in column 1 is less than zero, enter *0* in column 2.									530		TOTA	ıL	
	APPLI	CATION A	AS AMENDI	ED – PAR	T II								
							R THAN L ENTITY						
AMENDMENT A	(Column 1) CLAIMS			HIGHEST		ımn 3)	7	ONAL	f	<u> </u>	<u> </u>		
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	Total (37 CFR 1.16(1))	• 12	Minus	- 12	= 0			X \$25 =	0	OR	X \$50=	•	
	Independent (37 CFR 1.16(h))	• 1	Minus + 1		= 0		4	X \$100 =	0	OR	X \$200)=	
AM	Application Size Fee (37 CFR 1.16(s))						4		<u> </u>				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL		OR	TOTAL		
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AMENDMENT B	allelon	CLAIMS REMAININ AFTER AMENDME	NG	HIGHES NUMBE PREVIOU PAID FO	R PRE	SENT TRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE	(\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(1))	· 13	Minus	-20) = /]	X \$25 =	1	OR	X \$50 :	=	
	Independent (37 CFR 1.18(h))	· 2	Minus	-73	=/]	X \$100 =		OR	X \$200)=	
	Application Size Fee (37 CFR 1.16(s))						_						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							L	TOTAL	/	OR	TOTAL		•
CALCULATE								ADD'L'		OR	ADD'L FEE		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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